

Adult Immunization Screening Tool
For Inactivated Influenza, Pneumococcal and Tetanus/Diphtheria (Td) Vaccines
(Not to be used for *FluMist*TM)

Patient Name: _____ Date of Birth _____

| | | If yes, talk to your provider before getting... |
|--|--|--|
| 1. Are you moderately or severely ill today? | No Yes | <ul style="list-style-type: none">▪ Flu vaccine▪ Pneumococcal vaccine▪ Td vaccine |
| 2. Have you ever had an anaphylactic reaction to a previous dose of: <ul style="list-style-type: none">▪ Influenza (flu) vaccine?▪ Pneumococcal vaccine?▪ Tetanus/diphtheria (Td) vaccine? | No Yes No Yes No Yes | <ul style="list-style-type: none">▪ Flu vaccine▪ Pneumococcal vaccine▪ Td vaccine |
| 3. Have you ever had an anaphylactic reaction to: <ul style="list-style-type: none">▪ Thimerosal (a preservative found in some vaccines and some contact lens solutions)?▪ Eggs or egg products?▪ Gelatin?▪ Latex | No Yes No Yes No Yes No Yes | <ul style="list-style-type: none">▪ Some flu vaccines (check package insert)▪ Td vaccine▪ Flu vaccine▪ Flu vaccine▪ Some flu vaccines▪ Td vaccine |
| 4. Have you ever had Guillain-Barré syndrome (an illness with sudden muscle weakness and some loss of senses in the fingers and toes)? | No Yes | <ul style="list-style-type: none">▪ Flu vaccine▪ Td vaccine |
| 5. Have you ever had an arthus-type hypersensitivity reaction or a temperature $>103^{\circ}\text{F}$ (39.4°C) following a dose of Td? (An arthus-type reaction is characterized by redness, swelling, bleeding, and tissue death at the injection site.) | No Yes | <ul style="list-style-type: none">▪ Td vaccine |

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

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This screening tool is **not** meant to be used for screening for contraindications to *FluMist*TM, the nasally-administered live attenuated influenza virus vaccine. Please use *Screening Questionnaire for Injectable Influenza Vaccination*.

